(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certifiec Copies Certificates of Status								
Special Instructions to Filing Officer:								
J DENNIG								
AUS 1 8 2023								

Office Use Only



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07/21/23--01009--014 **25.00

COVER LETTER

то:	Registration Section Division of Corporations						
SUBJE	White Magnolia Realty, LLC						
30031	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning th	nis matter to the	following:				
Claud	dia Imbert						
	Name of Person		_				
			<u> </u>				
	Firm/Company						
12826	6 Daisy Place						
	Address						
Brade	enton, FL 34212						
	City/State and Zip Code						
cimbe	ert@apcpediatrics.com						
E	-mail address: (to be used for future and	nual report notif	ication)				
For fur	ther information concerning this matter	, please call:					
Natha	an	800 at (375-2453				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314				
	Enclosed is a check for the following	nclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy				
INHS18	8 (2/14)						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: White Magnol						
2. (a)	12826 Daisy Place	(H	(b) 12826 Daisy Place				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (i	Mailing address of limited (Note: MAY BE POST			
	Bradenton, FL 34212	_	Bradent	on, FL 34212			
	06/22/2023	<u> </u>	L230003				
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Federico Frias Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 12826 Daisy Place			- -			
	Bradenton	34212			~		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Claudia Imbert NEW Registered Office Address: 12826 Daisy Place	Office ad	idress:		SFORE FARY OF STATE O		
	Bradenton, FL_	34212		_			
the cha agent v was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi ibility co f the lin	stered office ompany, it i nited liabilit	e and the business off s hereby confirmed they company or as other	fice of the registered hat the change(s)		
.63		Rye	Road Ente	Printed or typed name o			
I here provis, the ob- to mer notifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	ee to ac perform l for in (iereby c	t in this cap ance of my Chapter 60: onfirm that	acity - I further avree	e to comply with the		